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### **Letter: There is too much traffic for Alex to walk to school, so we drive: A call to action based on a 42 year trend**

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Physical Activity for Health Research Centre  
Institute for Sport, Physical Education and Health Sciences  
THE MORAY HOUSE SCHOOL of EDUCATION

The University of Edinburgh  
2.33 St Leonard's Land  
Holyrood Road  
Edinburgh EH8 8AQ

Email: Chris.Oliver@ed.ac.uk  
[www.ed.ac.uk/education/rke/centres-groups/pahrc](http://www.ed.ac.uk/education/rke/centres-groups/pahrc)

05/04/2018

Dear Ministers

Humza Yousaf, Minister for Transport & the Islands, Scotland

Karen Bradley, MP, Secretary of State for Northern Ireland

Ken Skates, AM, Cabinet Secretary for Economy & Transport, Wales

Chris Grayling MP, Secretary of State for Transport, England

**“There is too much traffic for Alex to walk to school, so we drive: A call to action based on a 42 year trend”.**

#### **A call to action for safe routes for children**

We, as physical activity researchers, clinicians, transport specialists and advocates, call on you to use your powers as a Transport Minister to drastically step up your programme of infrastructure and behaviour change.<sup>1</sup> This is to help children travel safely and actively for local journeys within their communities by addressing parental/carer fears for their safety.

Such a change requires dedicated funding of at least 10% of the national transport budgets to pay for infrastructure interventions supported by a behaviour change programme. This was first proposed and justified in a report<sup>2</sup> by the Association of Directors of Public Health as long ago as 2008, endorsed by

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1 The call to action has been made in a paper published today. See: Oliver, C., Kelly, P., Baker, G., du Feu, D., Davis, A. 2018 There is too much traffic for Alex to walk to school, so we drive: A call to action based on a 42 year trend, *British Journal of Sports Medicine*, <http://dx.doi.org/10.1136/bjsports-2017-098933> Attached as a separate paper.

2 <http://www.adph.org.uk/?s=take+action+on+active+travel>

over 100 concerned academic, health, transport and other organisations. Scotland has made a very welcome start with the doubling of funding for active travel from the Scottish Government, announced in 2017. This gives momentum to the local authorities keen to see a step change in active travel but it is just that, a start. More is needed to raise the UK nations to active travel levels comparable with many mainland European countries. Moreover, public polling suggests that the majority would support such a step change to favour active travel.

We need to take action because children's independent mobility has declined sharply across the UK since the 1970s, when it was first measured. We see this not least in terms of increasing car use for the school journey. This reflects the fact that across these four decades politicians and highway engineers have planned for increased car use. So that is what has resulted. Yet, across the same period we have accumulated much greater scientific evidence for the health impacts of this decline in physical activity. The importance of routine physical activity, such as active travel, for heart health, weight management, and mental wellbeing are just three of the myriad aspects of health gain which are now routinely denied to children. In the process we have also exposed them to higher levels of pollution inside vehicles, something largely unknown among parents/carers. Children are then habituated into car use as the social norm which is likely to influence their adult travel behaviours (and how they raise the next generation).

We are not starting from scratch. There are locations across the UK where infrastructure provision is making it possible for more children to travel actively, albeit that these remain exceptions. Successful UK programmes have occurred recently, not least the Cycle Demonstration Towns and Sustainable Travel Towns programmes in England, the London Cycle Superhighways, and the Smarter Choices, Smarter Places programme in Scotland. These were shown to be highly effective and had excellent benefit to cost ratios, unlike many schemes devoted to expanding the road network capacity for the short term benefit of car users. In Wales, the Active Travel Act 2013 has concentrated minds on what must follow if the Act is to be shown to have led to a shift in travel behaviour.

If we achieve significant increases in activity among children then we will have enabled increased travel choices for many adults too. Moreover, the health benefits follow the behaviour so that we know that safer environments for children to travel actively, such as to school, will lead to significant cost savings in the future to the NHS, contribute too to carbon reduction targets, and ingrain sustainable travel behaviours among tomorrow's generation of adults. And it will have contributed to a broader set of solutions needed to resolve associated issues, not least urban congestion, poor air quality, and public transport reliability.

The rhetoric of improving the environment in favour of children's active travel has been visible for at least two decades but tangible changes have largely been absent from transport planning. We suggest that the time is right to redress the imbalance and give back to today's children many of the freedoms that older adults recall and benefited from in terms of the levels of independent mobility.

Yours sincerely

Professor Christopher Oliver, Physical Activity and Health Research Centre, University of Edinburgh

Dr Paul Kelly, Physical Activity and Health Research Centre, University of Edinburgh

Dave du Feu, Spokes, Cycling Campaign, Edinburgh

Dr Graham Baker, Physical Activity and Health Research Centre, University of Edinburgh

Professor Adrian Davis, Edinburgh Napier University, and the University of the West of England

THERE IS TOO MUCH TRAFFIC  
FOR ALEX TO WALK TO SCHOOL;  
SO WE DRIVE.



Lockwood

**Traffic Inducing Traffic**